

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/07/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/09/2008						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	BOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8326	1510	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		3101	814	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING	6	5005	9988	4983
		8800	526	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8326	2255	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	591	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3901	18080	14179
		8988	549	CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED				
3404910	PATHWAYS	8534	493	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8800	299	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1055	8142	7087
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH P ARTNERS	8000	61	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		21	49	DUPLICATE OF CLAIM-SYSTEM	0	251	4569	4318
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8800	1608	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	324	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2358	8758	6400
		11	111	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIOAL HEAL	11	84	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	84	213	129
3404917	CENTERPOINT HUM AN SERVICES	8800	372	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	579	7096	6517
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	993	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1382	8764	7382
		8326	84	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404920	ALAMANCE CASWEL L AREA MH D	11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	44	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	249	3298	3049
		5404	28	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	11	640	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	278	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1284	4417	3133
		21	146	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	304	DUPLICATE OF CLAIM-SYSTEM				
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	347	370	23
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MH	8326	1335	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	383	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	2576	11574	8998
		21	196	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	727	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	95	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	1083	9411	8328
		8326	94	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	77	DUPLICATE OF CLAIM-SYSTEM	0	349	2289	1940
		8326	33	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	507	2456	1949
		8505	63	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	41	56	15
3404931	WAKE CO HUM SVC BILLING OF	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	70	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	6	434	2209	1775
		11	59	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	671	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	23	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	727	5754	5027
		5404	11	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				
3404934	ONSLow CARTERET BEHAV HEAL	8326	1049	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1400	3262	1862
		11	64	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8326	62	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	4	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	72	3784	3712
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404939	EAST CAROLINA B EHAVIORAL H	8800	199	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	593	5306	4713
		8988	99	CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	104	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	100	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	1	324	2216	1892
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	8326	856	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		8988	137	CLAIM DENIED, ATTENDING PROVIDER WAS NOT ENDORSED/LICENSED/CERTIFIED	0	1122	7685	6563
		8536	62	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVIORAL HEALTH	8599	7748	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	3831	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	19647	34702	15055
		8326	1705	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				